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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 3/28/2013 2:44 PM

Fee Receipt: \$40.00



## **COMMONWEALTH OF KENTUCKY** ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718	Articles of Organization Limited Liability Company			KLC
Frankfort, KY 40602				
(502) 564-3490 www.sos.ky.gov				
www.sos.ky.gov				
Pursuant to KRS 14A and KRS 2	275, the undersigned applies	to qualify and for that purp	oose submits the fo	llowing statements
Article I: The name of the limited	d liability company is			
HMB REMODELING				
Article II: The street address of	the limited liability company's	s initial registered office in	Kentucky is	
304 WILMA AVE TRL		LOUISVILLE	KY	40229
Street Address Only (No Post Office E	Box Numbers)	City	State	Zip Code
and the name of the initial regist	ered agent at that office is _	IOMERO MEDRA	NO-BURGOS	3
Article III: The mailing address of				
304 WILMA AVE TRL		LOUISVILLE	KY	40229
Street Address or Post Office Box Nu	man and the contract of the co	City	State	Zip Code
Article IV: The limited liability contains A. a manager(s).  B. its member(s).	empany is to be managed by	(must check one):		
Article V: This application will be	e effective upon filing, unless	a delayed effective date a	ind/or time is provid	ded. The effective
date or the delayed effective dat	e cannot be prior to the date	the application is filed. Th	ne date and/or time	is(Delayed effective
				date and/or time)
I/We declare under penalty of pe	eriury under the laws of the s	tate of Kentucky that the fo	oregoing is true and	l correct.
× Lameto	1000 T.	omero Medrano-Bu		
Signature of Organizer		ted Name & Title	<u> </u>	Date
1/				
Signature of Organizer	Prin	ted Name & Title		Date
HOMERO MEDRAN	O-BURGOS	ent to serve as the registered ag	ent on hehalf of the limi	ted liability company
Print Name of Registered Agent	11	4.1	1 10/00	
> Jones	Ho	omero Medra	no B 12/29.	12012
Signature of Registered Agent	Prin	ted Name	Date	
(01/12)				